



## APPLICATION FOR EXAMINATION AND INITIAL LICENSE FEE

**PLEASE SEE ATTACHED INSTRUCTIONS.**

**Incomplete applications will be returned.**

ATS ID Number (For official use only)

Check one box for type of license to which you are applying:

<input type="checkbox"/> <b>C</b> osmetologist Exam fee \$75 License fee \$50 <b>Total Fee = \$125.00</b>	<input type="checkbox"/> <b>B</b> arber Exam fee \$75 License fee \$50 <b>Total Fee = \$125.00</b>	<input type="checkbox"/> <b>E</b> lectrologist Exam fee \$75 License fee \$50 <b>Total Fee = \$125.00</b>	<input type="checkbox"/> <b>M</b> anicurist Exam fee \$75 License fee \$35 <b>Total Fee = \$110.00</b>	<input type="checkbox"/> <b>E</b> sthetician Exam fee \$75 License fee \$40 <b>Total Fee = \$115.00</b>
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### SECTION A: APPLICANT INFORMATION

(The name on your application MUST match the name on your government-issued photographic identification.)

Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Date of Birth [ ][ ]-[ ][ ]-[ ][ ][ ][ ] Month Day Year	
Last Name		First Name	
Address		City	State
School Code (California students only)		Telephone Number ( )	E-mail Address (Not required)

### SECTION B: QUALIFICATIONS (Choose one)

#### California Students

<input type="checkbox"/>	I graduated from a California Board approved school and attached the Proof of Training Document.
<input type="checkbox"/>	I am still attending a California Board approved school, and have been approved by my school to submit a pre-application, <u>which is attached</u> . I am including the \$9.00 pre-application fee with the above examination/licensing fees in <u>ONE</u> check or money order.
<input type="checkbox"/>	I previously held a license in the State of California, which was cancelled. Name as it appeared on the previous license: _____ License Number: _____ Date Issued: _____ Expiration Date: _____

#### Out of State/Out of Country

<input type="checkbox"/>	I completed my schooling in another state, but did not receive a license. <b>Have your school complete Form B, "Out of State Applicant School Training Record" and submit with this application.</b>
<input type="checkbox"/>	I went to school and/or held a license in another country, and I have requested a Board approved Evaluation service to evaluate my credentials and send a report <u>directly</u> to the Board. <b>See instructions for approved out of country evaluation services.</b>
<input type="checkbox"/>	I hold a current license in another State, it has been active for <b>less than</b> 3 years. I have requested the State with which I hold a current license send a Certification of Licensure <u>directly</u> to the California State Board of Barbering and Cosmetology. <b>See Instructions.</b>

#### Reciprocity

<input type="checkbox"/>	I have held a license in another state for 3 years or more. The board shall grant a license without an examination to practice to an out of state applicant if the applicant submits: (a) A completed application form and all fees required by the board. (b) Proof of a current license issued by another state to practice that meets all of the following: (1) It is not revoked, suspended, or otherwise restricted. (2) It is in good standing. (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction. I have requested the State with which I hold a current license send a Certification of Licensure <u>directly</u> to the California State Board of Barbering and Cosmetology. <b>If you qualify under RECIPROCITY, YOU ARE SUBJECT ONLY TO THE LICENSE FEE FOR YOUR SPECIFIC LICENSE TYPE. Proceed to Section D.</b>		
	State	License #	Expiration Date

## Apprentice

- ☐ I completed my California apprentice training and have attached a certificate of completion.
- ☐ I am currently in the California apprentice program and have been approved by my program sponsor to submit a pre-application, which is attached.

### SECTION C: EXAM INFORMATION (See instructions, additional forms may be required)

<b>Exam location</b> <input type="checkbox"/> North (Fairfield) <input type="checkbox"/> South (Glendale)	<b>Exam language preference</b> <input type="checkbox"/> English <input type="checkbox"/> Spanish (Cosmetology only) <input type="checkbox"/> Vietnamese (Manicuring only)	<b>Do you require reasonable accommodations?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please complete the request for reasonable accommodation form with all supporting documentation and attach to this application.
<b>Do you need an interpreter or interpreter/model?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete interpreter forms G & H and attach to this application.		<b>Have you completed the 10<sup>th</sup> Grade in a public school or it's equivalency (12<sup>th</sup> grade for electrology applicants)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

### SECTION D: BACKGROUND INFORMATION

1. Have you ever been convicted of, or pled no contest to, a violation of any law of the United States, in any state, local jurisdiction, or any foreign country? ☐ Yes ☐ No  
**If yes**, provide an explanation identifying the type of violation, date, circumstances and location, and the penalty received for each conviction. Your application will be delayed by 2 to 6 months if the information provided is not complete.
- ☐ Include copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.  
☐ A letter from you describing the underlying circumstances of arrest as well as any rehabilitation efforts or changes in life since that time to prevent future problems.  
☐ Letters of reference from past and/or current employers.  
You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside and/or dismissed under California Penal Code Section 1000 or 1203.4 (Traffic violations of \$500.00 or less need not be reported).
2. Have you ever had any professional or vocational license or registration denied, suspended, revoked, placed on probation or other disciplinary action taken by this or any other governmental authority in this state or any other state, or any foreign country? ☐ Yes ☐ No  
**If yes**, attach an explanation that includes the license type, the action taken, by what state, and the date. Also include a copy of the administrative action, and if applicable, copies of arrest records, court documents, verification of restitution received by the court, and verification of successful completion of probation.
3. Do you hold any additional licenses issued by the Board of Barbering and Cosmetology? ☐ Yes ☐ No  
**If yes**, provide license type(s), number(s) and date(s) issued \_\_\_\_\_.

### SECTION E: APPLICANT CERTIFICATION

*I certify that I have read and understand the laws and regulations pertaining to the profession in California. I certify under penalty of perjury under the laws of the State of California that all statements furnished in connection with this application are true and accurate.*

Signature of Applicant	Date
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- Has your name changed since your last application?** ☐ Yes ☐ No  
If yes, please submit a "Name Change" form with the required documentation for a name change along with this application.

# APPLICATION FOR EXAMINATION INSTRUCTIONS

## REQUIREMENTS

Qualifications to take the Board of Barbering and Cosmetology Exams:

- Be at least 17 years of age
- Has completed the 10<sup>th</sup> grade in a public school or it's equivalent (12<sup>th</sup> grade for Electrologist)
- Has committed no acts or crimes constituting grounds for denial of licensure under Section 480 of the Business and Professions Code, and
- Has completed the following hours in a Board Approved School/or completed a 3200 hour apprentice program in California:

Cosmetologist 1600 Hours	Manicurist 400 Hours	Barber 1500 Hours	Esthetician 600 Hours	Electrologist 600 Hours
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## RECIPROCITY

The board shall grant a license without an examination to an out of state applicant if the applicant submits all of the following to the Board of Barbering and Cosmetology:

- (a) A completed application form and all fees required by the board
- (b) Proof of a current license issued by another state to practice that meets all of the following requirements:
  - (1) It is not revoked, suspended, or otherwise restricted.
  - (2) It is in good standing.
  - (3) It has been active for three of the last five years, during which time the applicant has not been subject to disciplinary action or a criminal conviction.

**IF YOU QUALIFY AND ARE APPLYING FOR RECIPROCITY, YOU MUST ONLY PAY THE LICENSE FEE. TO DETERMINE YOUR LICENSE FEE, REFER TO THE LICENSE TYPE WHICH YOU ARE APPLYING AT THE TOP OF THE APPLICATION AND SUBMIT A CHECK OR MONEY ORDER WITH YOUR APPLICATION.**

## APPLICATION CHECK LIST

Ensure the entire application is complete. INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU AND WILL DELAY THE PROCESSING OF YOUR APPLICATION.

- ☐ Complete the entire application.
- ☐ Submit the correct application/examination, pre-application and license fee by attaching ONE check or money order. ALL FEES MAY BE SUBMITTED IN ONE PAYMENT. DO NOT SEND CASH.
- ☐ Any additional forms or requests required based on your responses on the application.

Additional forms can be downloaded from the internet at [www.barbercosmo.ca.gov](http://www.barbercosmo.ca.gov)

Form A	Form B	Form C	Form G and H	Reasonable Accommodation Form	Request for Out of County Evaluation	Name Change Application
Out of State License Certification	Out of State School Training Record	Out of State Affidavit of Experience	Interpreter Forms			

Please allow 4 to 8 weeks to process your application.

## HELPFUL HINTS

- Submit a check with your application, it will help you track your application status.
- Incomplete applications will be returned, and delay your application process.
- It can take up to 8 weeks to process an application. If you do not receive a California State Board admission letter in 8 weeks, please call the Board at 1-800-952-5210 to check the status.
- If you are coming from out of state, you must request the state board where you currently hold your license send a certification of licensure to the California State Board of Barbering and Cosmetology at the same time or before you submit your application to the California State Board. This will help process your application in a timely manner.

## LOCATION PREFERENCE

Indicate whether you wish to take your examination at either the Board's Glendale or Fairfield examination site.

## LANGUAGE PREFERENCE

Indicate the language you would like to take your examination. The cosmetologist examination is offered in Spanish and English, the manicurist examination is offered in Vietnamese and English. All other examinations are only offered in English.

## PROOF OF TRAINING

Every first time application for examination (excluding pre-applications), where the applicant received training from a California approved school must be accompanied by proof of training document. Please do not send your diploma or transcripts.

## REASONABLE ACCOMMODATIONS

The Board provides reasonable accommodations for applicants with disabilities that will affect their ability to take the required licensing examinations. Applicants needing reasonable accommodations may download the application from our website or request the form by calling the Board. This form must be completed by a medical professional and returned to the Board with any necessary medical documentation for approval before an examination date can be scheduled. Forms G & H are required if you are requesting use of your own reader or signer.

## INTERPRETER OR INTERPRETER/MODEL

**USE OF AN INTERPRETER OR INTERPRETER/MODEL:** Indicate if you will be using an interpreter (for the written exam) or an interpreter/model (for both the written and practical exams) and indicate your native language. Each applicant must have prior authorization from the Board to use an interpreter or interpreter/model during the examination. The applicant must complete Form G (Request for Use of an Interpreter or Interpreter/Model). The interpreter or interpreter/model must complete Form H (Authorization to Use an Interpreter, Interpreter/Model) and provide two identical 1 1/2" x 1 1/2" photos, signed on the back by the interpreter or interpreter/model. Both forms must be submitted with the application for examination.

**THE APPLICANT CANNOT CHANGE INTERPRETERS OR INTERPRETER/MODELS UNLESS NEW FORMS (G & H) AND PHOTOGRAPHS ARE RECEIVED AND APPROVED BY THE BOARD at least 15 DAYS PRIOR TO THE APPLICANT'S SCHEDULED EXAMINATION DATE.** Please refer to "Interpreter or Interpreter/Model Instructions" to determine if you meet the qualifications for use of an interpreter or interpreter/model.

## OUT OF STATE APPLICANTS

**Form A** (Out of State Applicant License Certification for Examination) Can be sent to the board of the state in which you were/are licensed, or you can request your licensing state to send a Certification of Licensure directly to the California State Board of Barbering and Cosmetology. You do not need this form to request a Certification of Licensure from the state with which you hold your license. If you are licensed in more than one state, you may elect to submit a certification request to the state(s) of your choice. Should your certification arrive to the California State Board before your other documents, it will be kept on file for one year. Please note some states charge a fee and have their own form to certify your license and you are responsible for the incurred expense.

**Form B** (Out of State Applicant School Training Record) If you never received a license in another state, but completed training in another state, send this form to the school where you received your training.

**Form C** (Affidavit of Experience) This form is only required if you do not meet the required number of hours for licensure. In order for the Board to consider granting credit based on your work experience as a licensed practitioner, complete Form C as indicated. The person(s) verifying your work experience must be a disinterested party (i.e., employer, peer, or someone other than a family member). Each three months of licensed practice shall be deemed the equivalent of 100 hours of training for qualification.

## OUT OF COUNTRY APPLICANTS

Contact one of the following Board-approved evaluation services. Ask for a "**general evaluation.**" Upon completion of your evaluation, the evaluation service will send the report directly to the Board and will forward a copy to you for your records.

International Education Research  
Foundation, Inc. (IERF)  
P.O. Box 3665  
Culver City, CA 90231-3655  
Telephone: (310) 258-9451  
Fax Number: (310) 342-7086  
Email: [info@ierf.org](mailto:info@ierf.org)  
Website: [www.ierf.org](http://www.ierf.org)

Span Tran Educational Services, Inc.  
7211 Regency Square Blvd., #205  
Houston, TX 77036  
Telephone: (713) 266-8805  
Website: [www.spantran-edu.com](http://www.spantran-edu.com)

Educational Credential Evaluations (ECE)  
P.O. Box 514070  
Milwaukee, WI 53203-3470  
Telephone: (414) 289-3400  
Fax Number: (414) 289-3411  
Email: [eval@ece.org](mailto:eval@ece.org)  
Website: [www.ece.org](http://www.ece.org)

